

FROM PRISON TO COMMUNITY

Overcoming barriers to hepatitis C elimination

Interactive workshop concept note

Date and time	Friday, 2 October 2026, 09:00-11:00
Duration	120 minutes
Organized by	World Health Organization (WHO), with support from the University of Pisa
Moderators	Antons Mozalevskis (WHO) and Lara Tavoschi (University of Pisa)

1. Background and rationale

People in prisons and other closed settings are disproportionately affected by hepatitis C. Despite the availability of highly effective curative treatment, major gaps persist across the cascade of prevention, testing, diagnosis, treatment and post-treatment follow-up. These gaps are driven by structural barriers, fragmented health services, limited access to harm reduction, stigma and discrimination, and weak coordination between prison and community health systems.

Transitions between prison and the community are a particularly vulnerable point. Treatment may be interrupted, medical information may not follow the person, and linkage to community-based health and social services may be delayed or lost. At the same time, experience from several countries shows that prison-based hepatitis C programmes can achieve high testing and treatment uptake when they are integrated into national elimination strategies and supported by clear referral pathways.

This interactive workshop will bring together public health agencies, prison health practitioners, researchers and implementation partners to examine practical solutions. It will draw on country and service-delivery experience, emerging lessons from Unitaid-supported hepatitis C investments, European Toolkit for the Elimination of Viral Hepatitis in Prisons (EuroHePP). The emphasis will be on approaches that are transferable, feasible and capable of supporting scale-up.

2. Purpose

To identify practical, evidence-informed approaches for expanding hepatitis C prevention, testing and treatment in prisons and for ensuring continuity of care before, during and after release.

3. Objectives

1. To identify and examine the key barriers to hepatitis elimination in prisons, including structural, policy, financial, organizational, operational and clinical barriers.
2. To identify effective and feasible interventions and solutions and consider how these could be adapted or transferred to other prison systems and settings.

4. WHO role

WHO will serve as the technical lead and convener of the workshop, working with the University of Pisa and participating institutions. Specifically, WHO will:

- provide the global public health and normative framing, including alignment with WHO recommendations on viral hepatitis, harm reduction and health in prisons;

- coordinate development of the agenda and identification and briefing of speakers, in collaboration with the University of Pisa;
- co-moderate the workshop and facilitate discussion across country, regional and service-delivery perspectives;
- synthesize the key implementation lessons, gaps and priority actions emerging from the discussion; and
- use the findings, as appropriate, to inform WHO technical work and dissemination on good practices for hepatitis C services in prisons and continuity of care following release.

5. Expected outputs

- A structured synthesis of the barriers, interventions and transferable solutions identified during the workshop.
- A meeting report and/or policy brief presenting the workshop findings and recommendations, with all contributors appropriately acknowledged.
- Subject to feasibility and interest, development of a peer-reviewed manuscript, with the possibility of co-authorship for contributors in accordance with standard authorship criteria.

6. Expected outcomes

- Improved shared understanding of feasible approaches to overcoming barriers across the hepatitis C service cascade in prisons and increased potential for transferability of good practices across countries and regions.
- Greater recognition of continuity of care at transfer and release as a core component of national hepatitis C elimination programmes.
- Strengthened exchange between public health authorities, prison health services, researchers and partners working to scale up hepatitis C services.
- Better-informed country and partner action, and stronger technical input to WHO's future work on hepatitis C in prisons and other closed settings.

7. Proposed speakers and contributions

Speaker	Affiliation	Proposed focus
Dr Fadi Meroueh	PH, Chef de service; Chargé d'enseignement; Service de soins en milieu pénitentiaire, Pôle Santé publique et écologie de la santé, CHU de Montpellier; Maison d'arrêt de Villeneuve-lès-Maguelone et SAS de Montpellier	Facility-level experience in delivering hepatitis C care in prison and strengthening linkage and continuity around release.
Vladimer Getia	National Center for Disease Control and Public Health (NCDC), Georgia	Georgia's experience integrating prison-based hepatitis C services into the national elimination response, including implementation lessons and remaining gaps.
Mercy Nyakowa	National AIDS & STI Control Program, Kenya	Kenya's country experience integrating prison-based hepatitis C services into the national hepatitis response, including implementation lessons and remaining gaps.
Svetlana Doltu	NGO AFI, Republic of Moldova	Moldova's country experience integrating prison-based hepatitis C services into the national hepatitis response, including implementation lessons and remaining gaps.
Anna Meteliuk	Alliance For Public Health, Ukraine	Kyrgyzstan's experience integrating prison-based hepatitis C services into the national hepatitis response.
Lara Tavoschi	University of Pisa, Italy	European Toolkit for the Elimination of Viral Hepatitis in Prisons (EuroHePP)

8. Target audience

Representatives of ministries of health and justice, national public health institutes, prison health services, civil society and community-led organizations, researchers, international and regional agencies, funders and implementation partners working on viral hepatitis, harm reduction, prison health and continuity of care.

9. Proposed format and agenda

Time	Segment	Content	Lead
10 min	Opening and setting the scene	Welcome, objectives and a brief overview of the hepatitis C response in prisons, key implementation gaps and the prison-to-community transition.	Antons Mozalevskis and Lara Tavoschi
50 min	Experience from practice	Short presentations illustrating service-delivery and country approaches, implementation challenges and lessons learned.	Fadi Meroueh; Vladimir Getia; Mercy Nyakowa; Anna Meteliuk; Svetlana Doltu
10 min	From experience to scale-up	Introduction to relevant ECDC work and discussion of how tools and monitoring approaches can support implementation and scale-up.	Lara Tavoschi
45 min	Interactive discussion	Moderated exchange with speakers and participants focused on transferable practices, remaining gaps and priority actions.	Moderators and all participants
5 min	Conclusions and next steps	Summary of key messages, priority actions, follow-up opportunities and planned documentation.	WHO and University of Pisa

10. Proposed guiding questions

- Which interventions and delivery models have had the greatest effect on access to hepatitis C testing and treatment in prisons in your country?
- What operational, legal, financing or workforce barriers continue to prevent scale-up, and how have programmes addressed them at facility or at country level?
- What minimum arrangements are needed to maintain treatment and linkage to care during transfer and following release?
- How can prison health data and monitoring be better integrated into national hepatitis C elimination frameworks?
- Which lessons are transferable across countries, and where is further technical support or implementation research needed?

11. Documentation and follow-up

Key messages, country and facility examples, proposed solutions and priority actions emerging from the workshop will be documented and used to inform the outputs described above. Their development and dissemination will be subject to consultation and agreement with contributors, speakers, relevant institutions and, where appropriate, country authorities. Any WHO publication will follow applicable WHO review and clearance procedures, while a peer-reviewed manuscript would follow agreed authorship criteria and journal publication processes. Further collaboration may be pursued based on the priorities identified during the workshop and participants' interest.